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ABSTRACT

Based on an educational needs assessment, a project designed a community college curriculum to develop the competencies of human service workers for the changing mental health service delivery system. The curriculum prepares workers to meet future service needs such as pre-discharge preparation of patients, outreach, aftercare, community residential service, and case management. Semi-structured interviews were conducted with forty persons responsible for managing eight mental health programs to obtain the objectives of each program. From this list of objectives, five which were common to the greatest number of mental health service areas were used to focus the curriculum planning. The five most commonly mentioned objectives were: (1) to develop psychosocial evaluations, (2) to devise treatment plans, (3) to manage and monitor treatment episodes for cases, (4) to provide linkage to service resources whenever appropriate, and (5) to provide psychosocial treatment according to plan. A sixth objective, to provide health assessment, was added following instructional analysis. Components of the curriculum include six modules and four existing community college courses: Human Development, English 1, English 2, and Speech. Each module's format is adapted from individualized instruction which emphasizes demonstrated competence. (Appended material includes a list of program areas and objectives, and a description of the human services curriculum.) (LRA)

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DEVELOPING A CURRICULUM FOR HUMAN SERVICE WORKERS

by

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CAREER EDUCATION FOR MENTAL HEALTH WORKERS:
OCCASIONAL PAPER SERIES

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Edited by

Arthur L. Slater, M.S.W.
Lewis Bowman, Ph.D.

July 1978

Human Resources Institute
College of Social and Behavioral Sciences
Career Education for Mental Health Workers Project
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FOREWORD

The Human Resources Institute was organized in 1976 to serve as a support organization for applied research, basic research, technical assistance, and training programs undertaken by the faculty and staff of the College of Social and Behavioral Sciences of the University of South Florida. The Institute serves as a connecting link to facilitate the cooperation of the College and University in fulfilling its mission to its service district and to the State.

One of the major services the Institute supplies is the dissemination of research and training materials which will be useful to practitioners and academicians in their professional work. In this endeavor we try to overcome the persistent difficulty of getting new findings, techniques, and practices before the scholarly and lay public. The Institute does this through workshops, meetings, conferences, and publications. In the area of publications, we have monograph series; also, when brevity and the necessity for quick dissemination of materials are of prime importance, we publish an occasional paper series on specific topics.

Several of the Human Resources Institute's projects in selected policy areas have implications for other policy areas in Florida as well as for the same and related policy areas in other states. One of the Institute's current projects, Career Education for Mental Health Workers Project, directed by Arthur L. Slater and funded by the National Institute of Mental Health, is a particularly apt example of this phenomenon. This project has immediate application in training mental health paraprofessionals in Florida, but it has broader application to the development of training programs for human service workers generally, in Florida and in other states.

Our feeling that this project has implications beyond its current training mission, and that it has the ability to serve as a coordinating agent to synthesize and disseminate the work of related projects in other states, has encouraged us to publish this "Career Education for Mental Health Workers: Occasional Paper Series." This Series is under the general editorship of Arthur L. Slater, the Project Director, and Lewis Bowman, Professor of Political Science at the University of South Florida, who is serving as Senior Advisor for the dissemination of project materials.

We appreciate the efforts of the individual authors of the papers about the Florida project and the efforts of the authors from projects in other states. Their willingness to prepare materials for publication in this Series will benefit a broader community of persons dedicated to the continuing efforts to improve the delivery of human services to all.

Travis J. Northcutt, Jr.
Acting Director
Human Resources Institute
and
Dean, College of Social and
Behavioral Sciences

Tampa, Florida
July 1978

PREFACE

The human service curriculum development described in this paper contributes to meeting the manpower needs created by current developments in the mental health service delivery system. Deinstitutionalization, fluctuating tax bases and funding policies, maldistribution of manpower geographically and occupationally, and changes in public policy relating to clients' treatment and their right to treatment dictate changes in mental health services. These factors are operative in Florida and produce the need for special curricula for mental health/human service workers.

The authors wish to acknowledge the help of several individuals and groups. Special recognition is due Shirley Redcay, Site Coordinator at G. Pierce Wood Memorial Hospital in Arcadia, for her development of several modules which she field-tested in the classroom. She also assisted in an early draft of this paper. Margaret J. Malchon and Madeleine C. Redcay also developed and taught modules. Our pilot Human Service Program would not have been possible without the support of the administrative and professional staff of Florida's Department of Health and Rehabilitative Services District VIII, and G. Pierce Wood Memorial Hospital, especially those who served as members of the Hospital Education Committee. The authors also thank Mr. Wilford J. Beumel, Vice-President of South Florida Junior College in Avon Park, and the instructors who delivered courses at the hospital.

Special recognition is extended to the first group of students for their enthusiasm, determination, and hard work in this new educational program. They contributed personal time and money to enroll while

continuing to work as full-time State hospital employees. Their work experience, ranging from six months to over fifteen years, enriched the program.

Several former staff members of the Career Education for Mental Health Workers Project contributed to the educational needs assessment referred to in this paper. They are: Leonard Wood, currently a staff member of the District VI Mental Health Board; Richard Coane, currently a staff member of the Personnel Department of the City of Tampa; and Philip L. Smith, Director of the Social Work Program, University of South Florida. We thank Dr. Harold McPheeters, Director of the Commission on Mental Health and Human Services of the Southern Regional Education Board, and Dr. Walter Dick of the Department of Instructional Design and Development, Florida State University, who served as consultants to our project.

Irene Odom of Northeast Florida State Hospital in MacClenny, Sr. Therese Roberts of South Florida State Hospital in West Hollywood, and Carole Martin of Florida State Hospital in Chattahoochee, coordinate the educational programs delivered at these institutions by Lake City Community College, Broward Community College, and Tallahassee Community College, respectively. All have exchanged information, aided in problem solving, and shared the satisfaction of seeing the human service curriculum implemented to increase the competency of student employees.

The editors also express their appreciation to Donald L. Fisher, Chief of Service Delivery Programs, and Vernon James, Chief of the Paraprofessional Manpower Development Branch, National Institute of Mental Health, for encouraging and supporting this Occasional Paper Series. The assistance of Travis J. Northcutt, Jr., Dean of the College of Social and Behavioral Sciences of the University of South Florida, is greatly appreciated.

Arthur L. Slater
Lewis Bowman
Editors

Tampa, Florida
July 1978

DEVELOPING A CURRICULUM FOR HUMAN SERVICE WORKERS

I. INTRODUCTION

This paper describes a curriculum designed by the Career Education for Mental Health Workers Project to develop the competencies of human service workers for the changing mental health service delivery system. Changes in this system require change in manpower configurations. Traditional professionals are too few in number and too expensive to provide individual therapy for all of those in need. Rusk has forecast that "paraprofessionals will be the general practitioners of the mental health field" (Rusk, 1972, p. 8) and has predicted that professionals will assume new roles as supervisors, consultants, and systems managers. Alley and Blanton (1978, p. 5) have noted that:

> Today, about 30% of direct community mental health services are provided by paraprofessional staff members,[1] and in some agencies as much as 80% of services come from paraprofessionals. This importance is not confined to the sheer weight of their numbers. Paraprofessionals have been crucial to the provision of new and innovative services which are usually not provided by the traditional professionals.

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[1]This statistic is documented by a tabulation of 1975 [National Institute of Mental Health] tapes containing data from surveys completed by 496 federally funded community mental health centers. . . .

It is obvious that one way to improve the quality of mental health service delivery is to upgrade the skills and knowledge (competencies) of

the large paraprofessional manpower pool. Funding from the Paraprofessional Manpower Development Branch of the National Institute of Mental Health enabled our Career Education for Mental Health Workers Project to develop a human service curriculum. This educational program currently is being delivered by four community colleges to paraprofessional employees of the four largest State mental hospitals in Florida. Although the pilot sites have been in institutional settings, we designed this curriculum to be applicable to human service workers in any setting.

II. EDUCATIONAL NEEDS ASSESSMENT

Strategy

The curriculum goal could have been derived from either educational needs assessment or work analysis. Our project utilized an educational needs assessment approach to provide the focus for competency-based career education. This strategy seemed more likely to enable human service workers to achieve direct service objectives in both hospital and community programs.

An alternate strategy would have been to focus curriculum planning on work analysis. Work analysis is based on several assumptions: that work being done is appropriate; that new employees need only be oriented to the work situation, and experienced employees need only learn to perform established work routines more efficiently; and that a continuity exists between work behavior and program objectives (Holweger, 1978, p. 11).

In fact, reliance on the work analysis strategy reinforces the status quo. Previous work analysis of client contact employees in Florida's State mental hospitals seems to indicate that custodial care takes precedence over treatment (Florida Human Service Task Bank, 1974). Current public policy encourages active

treatment and rehabilitation for mental patients. For these reasons project staff decided to base its instructional design on a determination of hospital and community service objectives rather than on work as it is currently being performed.

Method

A comprehensive list of State supported service programs in each mental health district was compiled from State annual plan information. Programs were stratified according to several factors such as population characteristics of the area, range of services offered, and specialized units. The following community mental health centers offering a broad range of services were selected: Belle Glade, Gainesville, and West Palm Beach. Geographic and Geriatric units were chosen at Florida State Hospital in Chattahoochee, Northeast Florida State Hospital in MacClenny, and the Florida Mental Health Institute (FMHI) in Tampa. We included the Child and Adolescent units at South Florida State Hospital in Hollywood and at FMHI. The Alcohol Primary Care Center in Tampa also was included.

Semi-structured interviews were conducted with forty persons responsible for managing programs to obtain the objectives of each program. (See Appendix A.) The lists of objectives were refined to eliminate duplication, producing twenty service objective statements. (See Appendix B.) Five of the objectives were common to the greatest number of mental health service areas. These objectives became the focus of our core curriculum planning.

The five most commonly mentioned objectives were:

1. To develop psychosocial evaluations
2. To devise treatment plans
3. To manage and monitor treatment episodes for cases

4. To provide linkage to service resources whenever appropriate
5. To provide psychosocial treatment according to plan

Instructional analysis revealed the need to include a sixth objective -- to provide health assessment. These six service objectives were synthesized to produce the overall curriculum goal for a human service educational program at the community college level: to develop and implement comprehensive, individualized treatment plans under supervision.

III. CURRICULUM DEVELOPMENT

Instructional Design Considerations

Project staff utilized the systematic design of instruction developed by Walter Dick and Lou M. Carey. Their approach "utilizes research knowledge on the conditions of learning required for students to achieve clearly defined outcomes" (Dick and Carey, 1978, p. 9). The major elements in their systems approach model are (Dick and Carey, pp. 8-11):

1. identifying the instructional goal
2. instructional analysis
3. identifying entry behaviors and characteristics
4. writing behavioral objectives
5. developing tests
6. developing instructional strategy
7. developing instructional procedures
8. evaluating
9. revising

We used the hierarchical instructional analysis principles of Robert M. Gagné (1977) to analyze major content areas and suggest instructional sequences. Such an approach suggests listing instructional goals

derived from necessary tasks or functions and then systematically identifying relevant subordinate skills and knowledge. This process produced a hierarchy of the skills and knowledge required for a typical student to become competent in the indicated performance. This approach has several advantages, including: (1) sub-competencies are clustered to maximize the efficiency of the curriculum, (2) objectives are formulated directly from the hierarchy, and (3) the process lends itself to planning a career-oriented curriculum.

Components of the Curriculum

Six modules[1] and four existing community college courses are the components in our human service curriculum.

Modules

1. Human Relations Skills
2. Interviewing and Influencing Skills
3. Psychosocial Assessment
4. Techniques of Intervention
5. Integrative Seminar in Human Service
6. Health Assessment

Community college courses

1. Human Development
2. English I
3. English II
4. Speech

These six modules and four courses provide thirty-two community college semester hours and may terminate

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[1] "A module is a self-contained or self-instructional unit of instruction that has an integrated theme, provides students with information needed to acquire specified knowledge and skills, and serves as one component of a total curriculum." (Dick and Carey, 1978, p. 5)

with a Certificate in Human Service.[2] However, these credits apply toward community college associate degrees if the students wish to continue their education. The six modules also could be used for nonaccredited, in-service or other educational programs.

Competency-Based Module Development

Each of the six human service modules developed by project staff is based on learning objectives formulated from the hierarchy identified during instructional analysis. The module goals incorporate the most commonly mentioned service objectives. Each module contains seven sections:

I. List of Behavioral Objectives
II. Instructional Design
III. Pre-Test on Module Goal
IV. List of Materials for Course
V. Instructional Procedures for Each Behavioral Objective
VI. Post-Test on Module Goal
VII. Feedback

The module format is adapted from individualized instruction which emphasizes demonstrated competence rather than memorization. This approach recognizes that adult students bring valuable life experience to the learning situation and encourages the student to be less instructor-dependent and more self-directed. Rather than competing, students can learn from each other.

Curriculum planning must consider necessary contents, the characteristics of the target population, college requirements, the instructional environment, and the availability of materials, personnel, facilities, and equipment. Then, the behavioral objectives,

[2]See Appendix C for module and course descriptions and credits.

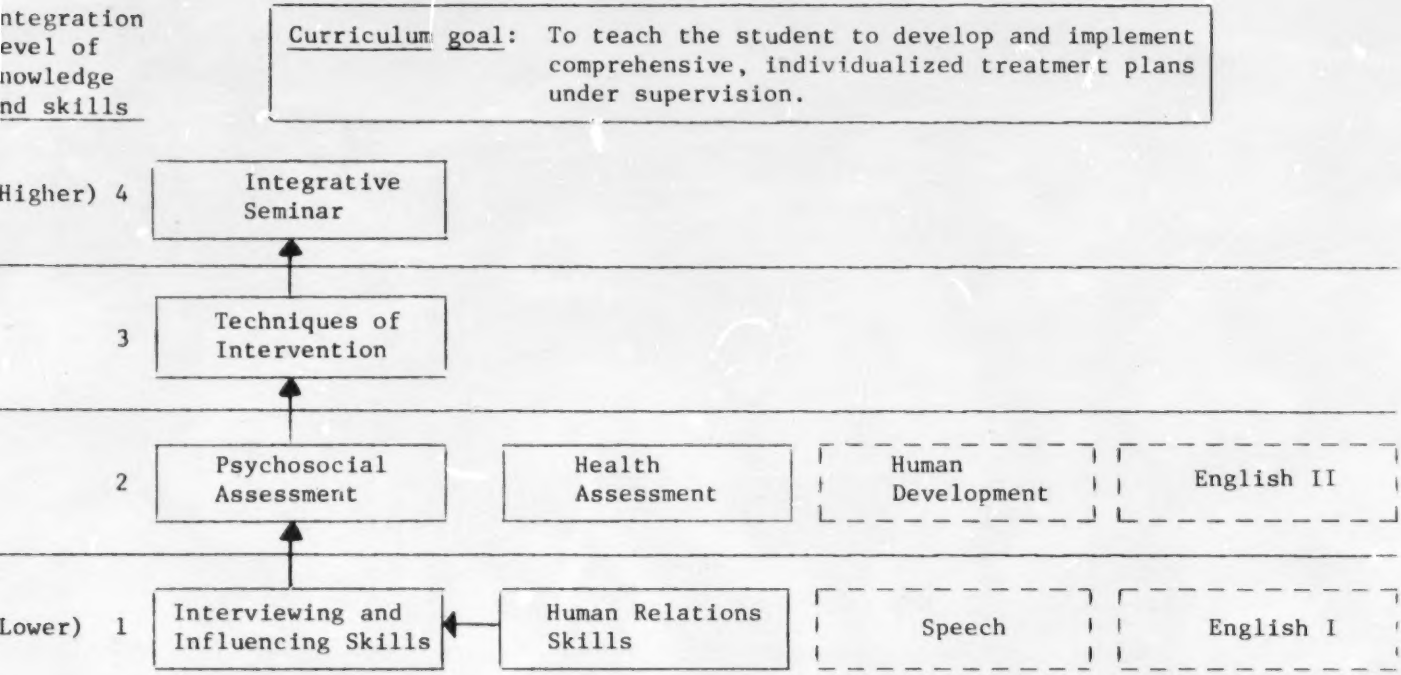
which are the guidelines for developing instruction, can be stated for each module. These objectives provide a clear description of what students will learn and are stated in terms of expected performance. This assumes that knowledge and skills acquired in the learning situation must be translated into competent performance in order to improve service to clients.

Each student is given a copy of the module which outlines all readings, assignments, procedures, and requirements leading to demonstration of competency. Following the completion of instructional procedures relating to each behavioral objective, the student must perform a corresponding demonstration of competency. The student who is unable to demonstrate competency goes back through the instructional procedures until competency can be demonstrated. Once all behavioral objectives of the module have been met, the student is ready for the post-test, a final assessment of competence in meeting the module goal. Feedback from students and instructors is used to improve and update the module as a continuing process.

IV. SUGGESTED INSTRUCTIONAL SEQUENCE

We suggest utilizing five of the human service modules in sequence. (See Figure 1.) Each module builds upon the knowledge and skills learned in preceding modules. The objectives require increased integration of knowledge and skills as students proceed through the learning hierarchy. The remaining courses are more independent of sequence; however, Freshman English I precedes English II. Four of these are existing community college courses; therefore, new modules were not developed. Currently our human service curriculum is offered in a part-time, five-semester sequence because our project's students are State hospital employees who work full time while enrolled.

Figure 1. A Suggested Curriculum Sequence[a]



[a]The modules developed by this Project are in boxes with solid lines; the community college ourses incorporated in the overall design are in boxes with broken lines. The arrows indicate suggested sequence for five of the human service modules.

The introductory level modules, "Human Relations Skills" and "Interviewing and Influencing Skills," are based on videotapes and participant manuals developed by Allen E. Ivey and Norma B. Gluckstern (1974, 1976). These teach basic skills and knowledge in counseling and communications. The Ivey materials were chosen because their behavioral objectives are clearly presented, specific competencies are delineated, and videotapes are utilized to present models and to critique student skill performance. The textbooks in use, Intervention in Human Services (Schulman, 1974) and Interviewing in Social Work Practice (Schubert, 1971), provide slightly different perspectives on basic interviewing and recording skills.

The second level module, "Psychosocial Assessment," uses two textbooks: Psychology, an Introduction (Morris, 1976) presents general psychological concepts such as learning theory, personality development, social psychology, etc.; Crisis Intervention (Aguilera and Messick, 1974) leads the student into the beginning application of these concepts in performing an initial psychosocial assessment. In order to perform effectively, the student utilizes the skills learned in the preceding two modules.

The third level module, "Techniques of Intervention," presents the major theories and techniques of intervention, with special emphasis on small group approaches. Service resources in the community and procedures for referral are identified. The laboratory experience of this module focuses on the development and implementation of a small group treatment plan under individual supervision. The textbook in use is The Counselor and the Group: Integrating Theory, Training, and Practice (Trotzer, 1977).

The "Integrative Seminar in Human Service" is the upper level module in the sequence. The student integrates previously learned knowledge and skills in

the process of assessing individual need, developing treatment alternatives, and implementing individualized treatment plans. Students learn appropriate use of supervision, consultation, and service resources. The laboratory experience focuses on the development and implementation of an individualized treatment plan under team supervision. The students use the textbook, Theory and Practice of Counseling and Psychotherapy (Corey, 1977), and accompanying manual.

The module, "Health Assessment," presents knowledge of personal and social health issues as a basis for recognition of symptoms which indicate the need for referral of an individual for nursing or medical consultation. The textbook, Life and Health (Bartley, 1976), illustrates the inter-relationships between physical and emotional problems.

"Human Development," an existing community college course, is introduced early in the curriculum sequence to provide understanding of normal human growth and development as background for identifying deviations. This course covers the entire life span at this introductory level to provide an overall perspective. Human Development (Craig, 1976) and its Study Guide and Workbook (Karlson, 1976) are used as textbooks.

Freshman English I and II and Speech develop essential communication skills. Reading, writing, and composition are necessary elements directly applicable to keeping records and preparing reports in the work situation. Clear verbal expression is also necessary for communication.

V. DISCUSSION

Several developments in the mental health field have contributed to our personal and professional involvement in this program: (1) custodial care is no longer considered adequate -- psychosocial

rehabilitative treatment in the least restrictive environment now is mandated; (2) new manpower resources and new cost-effective methods of service delivery are needed to correct the chronic shortage of professionals to provide public mental health services; (3) many of the aides at state hospitals can learn to provide competent psychosocial rehabilitative treatment under supervision; (4) deinstitutionalization (the national trend to shift mental patients out of state hospitals into community alternatives) creates the need to train thousands of hospital employees and others for roles in providing community-based mental health services.

Our Human Service Curriculum prepares workers to meet future service needs such as pre-discharge preparation of patients, outreach, aftercare, community residential service, and case management (Slater, et al., 1978). Utilized in isolation from broader manpower development goals, this curriculum can help the individual human service worker in personal development and self-esteem. However, its major impact on the delivery of human services is likely to be seriously diminished unless it is part of a comprehensive manpower plan. This curriculum does equip workers with new competencies to deliver human services, but it requires administrative support and direction if the workers are to be utilized effectively. Professionals who serve in supervisory capacities need to learn to manage human service workers in ways which fully utilize newly acquired competencies. New utilization patterns and performance expectations must be developed among professional personnel if service delivery patterns and performances are to change. Any innovation in a single curriculum for a selected stratum of service delivery manpower is not adequate to produce the long-term and dramatic change which is necessary to meet the rising service expectations in the mental health field. Hospital and community manpower development must be considered in a total programmatic context rather than as the isolated development of selected mental health personnel.

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APPENDIX A

A LIST OF PROGRAM AREAS

Community

- Alcohol Outpatient
- Alcohol Halfway House
- Alcohol Primary Care
- Drug Abuse
- Gerontology
- Child and Adolescent
- Inpatient
- Adult Outpatient/Emergency
- Outreach/Aftercare
- Partial Hospitalization
- Consultation and Education
- In-Service Training

State Hospital

- Geographic Unit
- Geriatric Unit
- Child and Adolescent Unit

APPENDIX B

A LIST OF PROGRAM OBJECTIVES

1. To develop psychosocial evaluations
2. To provide health assessment
3. To devise treatment plans (includes input from significant others and discharge planning)
4. To manage and monitor treatment episode for cases
5. To provide linkage to service resources whenever appropriate
6. To provide psychosocial treatment according to plans
7. To provide medical supervision for consumers during treatment
8. To provide crisis intervention services
9. To provide re-entry mechanism for consumers who have dropped out of service programs
10. To administer and monitor prescribed medications
11. To prevent consumers from dropping out of treatment program prior to formal discharge
12. To provide periodic monitoring for all discharged consumers for a specific period of time
13. To develop the consumer's marketable job skills and employability (occupational/educational)
14. To provide a monitored, structured, therapeutic environment for all consumers
15. To implement a public relations program
16. To educate other service providers as to the needs of consumers and how to meet them
17. To upgrade skills of staff
18. To develop formal coordinative mechanisms with other community service providers
19. To develop mental health programs and resources
20. To implement an early identification and prevention program

APPENDIX C

DESCRIPTION OF HUMAN SERVICE CURRICULUM

Modules

No. 1 Human Relations Skills - 3 credits

The focus of this interpersonal seminar is on the student learning basic communication skills and interpersonal response styles. The student will practice techniques of active listening and congruent responding. The use of these skills to develop rapport with the client and to conduct the interview process is stressed.

No. 2 Interviewing and Influencing Skills - 3 credits

Basic elements of interviewing, probing techniques, and recording as practiced in human service programs will be taught. Students will be required to conduct a variety of interviews and will receive feedback through videotaped replays and personal interaction.

No. 3 Psychosocial Assessment - 3 credits

The student will learn to assess psychosocial conditions to determine factors which influence behavior. Skills for the compilation of the social history, presenting problem, and expectations for intervention will be taught. Assessment of strengths and weaknesses in interpersonal behavior through observation, personal interaction, or various types of tests and measures will be considered.

No. 4 Techniques of Intervention - 4 credits

Understanding of major theories and techniques of intervention are taught in this course. The various treatment modalities will be contrasted, and the factors influencing the decision to use each will be discussed. The helping resource systems will be identified. Laboratory experience will focus on developing and leading a small group treatment/rehabilitation plan under individual supervision.

No. 5 Integrative Seminar in Human Service - 4 credits

This is a final course for Human Service majors, taken by permission of instructor only. The student will be taught to integrate previously learned skills into a process of developing treatment alternatives with the client. The types and uses of consultation in the managing and monitoring of treatment plans will be covered. The student will learn to make appropriate referrals and develop skills in dealing with the community system. Laboratory will focus on developing and implementing individualized treatment/rehabilitation plans under team supervision.

No. 6 Health Assessment - 3 credits

The student will learn to assess health factors which may influence behavior. Observation as well as interview skills is stressed. Effects of typical medications and substances are considered. The student will learn to recognize signs and symptoms which indicate the need for nursing or medical consultation.

Courses

7 Human Development - 3 credits

An examination of individuals as they move through the various stages of the life cycle -- from birth until death. Attention is given to the physiological and psychosocial changes which occur during infancy, childhood, adolescence, young adulthood, middle age, old age, and death. Identification of major needs of individuals at different stages of the life cycle is stressed.

8 English I

A course designed to help the student build and strengthen basic skills in written communication. Emphasis is on effective and logical expression.

9 English II

An intensive study of the mechanics of composition with emphasis on clear and concise expression of ideas.

10 Speech I

A study of the principles and methods involved in oral communication through speaking and listening.

ABOUT THE AUTHORS

Arthur L. Slater received his B.A. in Education from Florida Atlantic University and his M.S.W. from Florida State University School of Social Work. He is the Director of the Career Education for Mental Health Workers Project, funded by the Paraprofessional Manpower Development Branch of the National Institute of Mental Health. Prior to this project he was on the staff of the Office of Career Planning and Curriculum Development for the Human Services which produced Personnel and Staff Development Planning for the Human Services and The Florida Human Service Task Bank. Mr. Slater is also serving on the Southern Regional Education Board's Worker Certification Project, Program Approval Project, and is Chairman of the Task Force on Continuing Education for Paraprofessionals. He is the President of the Florida Association for Health and Social Services.

Katherine K. Gordon received her B.S. in Nursing from Skidmore College and her M.A. in Social Psychology from Teachers College, Columbia University. She was Coordinator of Counseling at the Student Mental Health Service of the University of Florida before joining the Career Education for Mental Health Workers Project as Coordinator. She and her husband, Richard E. Gordon, have collaborated in research in social psychiatry and have co-authored many articles in scientific journals, particularly in the areas of postpartum emotional adjustment and student mental health. The Gordons, with Max Gunther, wrote The Split-Level Trap, a fictionalized presentation of their research for the general public.

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No. 1 Arthur L. Slater, Katherine K. Gordon, and Richard E. Gordon, "Role and Task Differences of Mental Health Workers: Implications from Observations at Four Sites"

No. 2 Angela Holweger, "A Task Approach to Paraprofessional Manpower Development: The South Carolina Project"

No. 3 Elise H. Labe, "The Need for the Paraprofessional Human Service Worker in Virginia"

No. 4 Lawrence Weathers, Jeffrey Bedell, Richard Gordon, Herbert Marlowe, Julia Adams, and Valerie Reed, "The Utilization of Psychotherapeutic Games by Mental Health Workers"

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